FRANKLIN SQUARE UNION FREE SCHOOL DISTRICT

Morning Care Program Registration Form

September 2021 - June 2022

Child's Name	D.O.B.	M F	
Child's Name Address	City	Zip Code	
Home Telephone	Email Address		
School	Grade Enterii	Grade Entering in Sept. 2021	
Guardian #1 Name			
Guardian #1 Business Phone	Cell Phone	Relationship	
Guardian #2 Name			
Guardian #2 Name Guardian #2 Business Phone	Cell Phone	Relationship	
Emergency Information: The following be sure that emergency contact people res	ide locally in the event your child mu	ist be picked up immediately.)	
Name #1 Name #2	Relationship F	Phone/Cell	
Name #2	Relationship F	none/Ceii	
Health Information: (allergies, medica	itions taken daily, etc.)		
Child's Doctor's Name/Phone:			
	ee for this program is \$100 monthly, lless of the number of days your child attends.		
<u>Pay</u>	ment for the first month is due at registration.		
If payment is not received by the fi	nt, payment is due the first school day of each month. fth school day of the month, student(s) w o credits or refunds for any unused d		
Franklin Washington Street School	curn completed registration form to: Square Union Free School District I, 760 Washington Street, Franklin S n: Heather Healy, Business Office	Square, NY 11010	
(Please notify us immediately of any chan	ges to your address, phone #, child's sc	chedule, or place of employment.)	
Signature of Parent/Guardian		Date	

*The Morning Care Program will begin on Monday, September 13th at 7:30 am.

Registration for this program will close on Thursday, August 26th.

A "Grab-and-Go" Breakfast will be available for an additional cost per day.